death. Page filed Should Pug .5 Filled puo ofter physician that á ONY burial-transit should be detacl DIRECTOR m 0

CERTIFICATE OF DEATH

ecessary, pleose exer-Poge 4 should be cremotion Reg. Dist. No. O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE b. COUNTY MARYLAND b. CITY OR TOWN IN stride corporete limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NGIA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? YES NO 4 for your files deloy real dir registror 3. NAME OF DATE OF DEATH First Middle funeral Month Yeor Day DECEASED (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS the be retained t Months Days Hours Min. WIDOWED | DIVORCED [ (X yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Zono 2, and 3770 moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges 1, 24 hours podes Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT EXAMINER: This certificate should be executed within writing the word "pending" in pencil in Item 18. Give nief Medical Examiner's Office along with form PM3. P. Page 3 should be used as a burial-transit permit. Fill 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Stote) factory, street, office bldg., etc.) While Not while 196 p. m. at work ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection to the Chief I DIRECTOR: F Noture couses . deoth resulted from: Accident Suicide Homicide . Undetermined couse DATE SIGNED **ACTUAL** SIGNATURE CHIEF MEDICAL EXAMINER forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER O DEPUTY EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, lown, or county) (State) REMOVAL (Specify) 0 23. FUNERAD DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME[5] FEB 8 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

The state of the s Don't gen the and the same Day Transport C. Add. District Charge Chief Strategic and

536	CERTIFICATE

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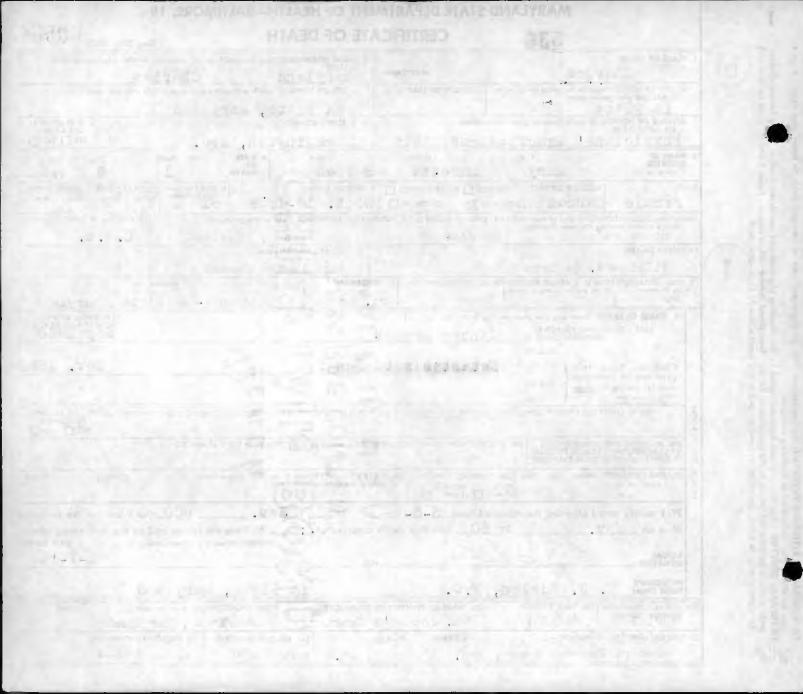
1. PLACE OF DEATH o. COUNTY Ch	arles	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland		tf institution		odmission)
b. CITY OR TOWN RURAL ond give r		c. LENGTH OF STAY IN 16	Ta Plat	outside corporete lin		RAL and give near	est townj
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	•	d STREET ADDRESS	ton, Ave			IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	First Mary	Middle Loretta:	Barnes	4. DATE OF DEATH	Manth	Doy 6	Year 19 61
5. SEX Female	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 10-1	- los		Months Days	
100. USUAL OCCUPATI during most of woo House W	king life, even it refired)	10b. KIND OF BUSINESS OR IND At Home		or foreign country) , Maryla		U.S.A	WHAT COUNTRY
13. FATHER'S NAME William	N. Sanders		Mary Loui		*		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant s. Mc Lane Cr		Addre	_	aryland
	the under-	Cancer Breas  Metastasis t				May	val Between 1960 v. 1960
CATIC		DESCRIBE HOW INJURY OCCURR					WAS AUTOPSY PERFORMED? YES NO
	RY Month, Doy, Year 20	Od. INJURY OCCURRED 20e. P	TACE OF INJURY (Home, farm octory, street, office bldg., etc	n, 20f. (City or tov	vn)	(Caunty)	(State)
21. I certify II alive onN  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		eased from 3-5- 2-60, and that deat	h occurred at 7:30	A.M., fram the ADDRESS (Street, ci	causes an	d an the date ote)	
	ON, 22b. DATE THEREOF	Sty. Joseph	OR CREMATORY	22d. LOCATION (	Cily, lown, or	county)	(State)
23. FUNERA OFFECTS	Funeral Home	Inc. La Plata			24b. REGIST	RAR'S SIGNATURE	

move retained by the haspital ar attending physician.

To FUNDER LOTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL

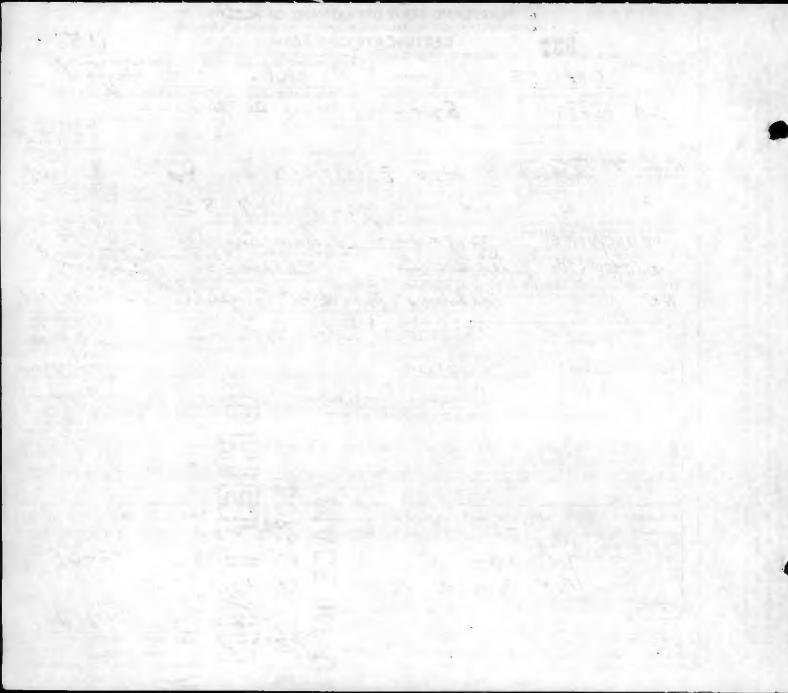


### MADVIAND STATE DEDADTMENT OF HEALTH

MAKTLAND	SIAIE	DEPAKIME	MI OF H	ALID
IVISION OF STATISTICAL	RESEARCH	AND RECORDS	- BALTIMOR	E 1, MARYLAN
-	DELETA A	ARE OF D	FATEL	

537	0 011 000	TE OF DEATH	MORE I, MARTLAND	60555
1. PLACE OF DEATH o. COUNTY C. HARLES	MARYLAND	2. USUAL RESIDENCE (Wh	ere deceased lived. If institution: Reb. COUNTY	sidence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	5 years		De Justide corporate Jimits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	100	e. IS RESIDENCE ON A FARM? YES NO P
(Type or print)	en Middle B	LANSFIELD	4. DATE OF Month	Day Year 2 196/
S. SEX F 6. COLOR OR RACE 7. MAR WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 18	78 9. AGE (In years le U Mor	NDER I YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10b during post of working life, even if retired)	KIND OF BUSINESS OR INDY	Melmin	or foreign country) Del.	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME BY BY	ISFILLD	14. MOTHER'S MAIDEN	AME Velecca /	THER.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no fot unknown) [If yes, give wor or delea of service)	Mommun /	us albert	Confolel Address	La Plata Min
18. CAUSE OF DEATH [Enter only one couse per leading to the course per	Diabetes	arteriose	lewsin	interval Between onset and Death 20 years 20 years
gove rise to immediate couse (a), stating the under-	Carliac 7	ailere		5 years.
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN II	PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18.)	
Hour o. m. While	17.000.1	ACE OF INJURY (Home, form clory, street, office bldg., etc.		(County) (State
21. 1 certify that (1) (this haspital) atten		TT 40	60, ta 1 - 2 M, fram the causes and a	196/. that (I) (we) last
220. SIGNATURE Prolines		ATTENDING _ MI	ED. STAFF RECTOR PHYS.	1-2-6/ SIGNE
22c. PHYSICIAN'S F. M. JO	HWS ON M-1	22d. ADDRESS	MATA, M	di
230 BURIAL) CREMATION, 23b. DATE THEREOF	MASSEL OF CEMETERY	OR EREMATORY	Hand Gia	unty) Md
24. PUDERAL DIRECTOR'S SIGNATURE	Jand &	cace Monte		S. Time

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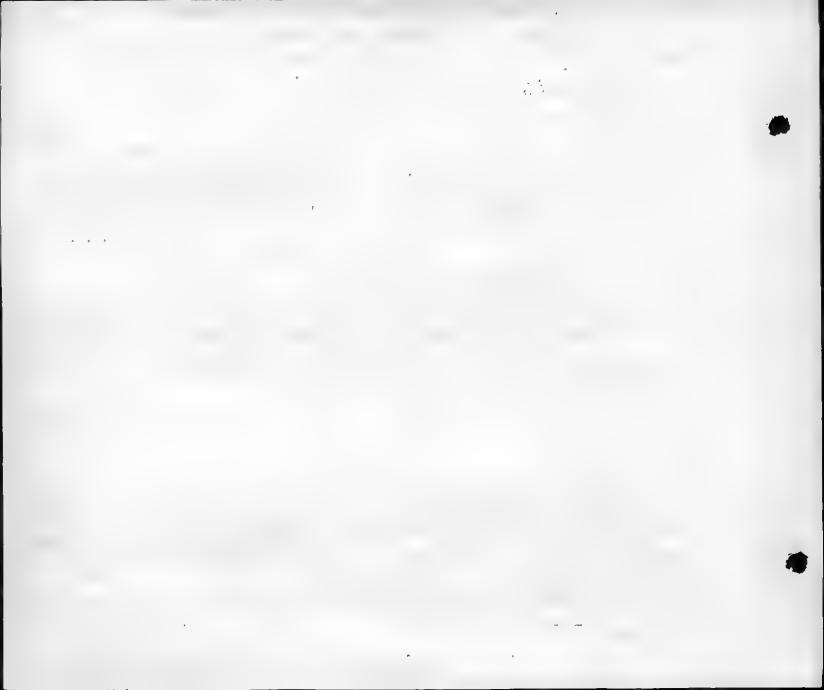
# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND S 38 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

EWFILL DE	ri.	. COUNTY		DENCE (Where deceased lived, If Institution: Re	sidence before admission)
es.	-	1 JHAKLES	MARYLAND . STATE	b. COUNTY CK	4-11
E E	E	b. CUT OR TOWN (if outside corporate traits, c. LEN	IGTH OF STAY IN 16 c. CITY OR TOY	If outside corporete limits, write RURAL end	give neerest town)
Nour Cto	1.2	( 10/14/ LANIALA	5 min X K	Cylilla Mes	
for Soar	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gir	e street eddress) d. STREET ADDR	iess	. IS RESIDENCE
	1				YES NO
funer tained State eath.		3. NAME OF First	Middla Lapl	4. DATE Month	Day Year
the the		IType or print)   CONADO	ONLADO HROW	OF DEATH	5 10 / /
affe affe		S. SEX 6. COLOR OR RACE 7. MARRIED AN	VER MARRIED   8. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 Y	EAR! IF UNDER 24 HRS.
may w		MIDOWED I	DIVORCED [7] 10-19-	The state of the s	eys Hours Min.
25 Pd			BUSINESS OR INDUSTRY   11. BIRTHPLACE (S		EN OF WHAT COUNTRY?
72		done during most of working life even if settred)	Daires 14	0 _ /	11 8 11
3. Pages	~	13. FATHER'S NAME	DRIVER 14. MONTHER'S MAN	OEN NAME	UOM-
P. P. S.	T	TAMPO BROW	111/1/1/1/	5-010 17AR	CHALL
O FEE B	-/		SECURITY NO. 17. INFORMANT	Address	DIMAN
7 1 1 1 6 Y		(Yes, no. fr yn own) (Hyasgivawerordalesofservice) 719-1	6-2463 MRS. EST	CLLE BROWN LAPI	n = 0 01 I
With Will and Per		18. CAUSE OF DEATH [Enter only one cause per line for (		THE NEUDIN FAT II	INTERVAL BETWEEN
ong dir	- 1	PART I. DEATH WAS CAUSED BY:	e/2/1 n /01-	1114 det	ONSET AND DEATH
ar ar		3 2 / IMMEDIATE CAUSE (a)	1	oce pass	1.0.61
Vale find		Conditions, if any, which	uperles		3 4/21
P S E S		gava rise to immediate cause	1 1 man		1
din din		(e), stating the underlying			0
Per Sed		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
I Example Language					PERFORMED?
		206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW	INJURY OCCURED. (Entar nature of injury in	Part I or Part II of item 18.)	YES NO
og the world of Medica 3 should urial, crea	0				
Ariting Chief age 3 to bur			OCCURRED   20a. PLACE OF INJURY (Home, While fectory, street, office bldg.		y) (State)
5 00 -			work		
the certificate rwarded to th DIRECTOR: d agent, prio		21. I certify that I took charge of the remains d	ecribed above, held an Autopsy	Inspection Inquiry	and in my opinion
at, Carrie		death resulted from: Natural causes . Acc	ident 🔲, Suicide 🔲, Homici	de, Undetermined manner	
and and		11/1/100	CHIEF MEDIC	CAL EXAMINER [	
	1	SIGNATURE /C/- Calley	M.D. ASSISTANT	MEDICAL EXAMINER	DATE SIGNED
Be for Be for Barrigner	de	EXAMINER'S	DEPUTY MED	ICAL EXAMINER	1-1-71
ese execute should be for FUNERAL its designer		2e. 8URIAL CREMATION, 22b. DATE THEREOF 22c. N.	Address (Sire	set, city, town, or county)	10,61
. 0		MEMOVAL (Specify)	- 40 4 0 1 5	22d. LOCATION (City, town, or country)	(Stele)
g40 p		BURIAL 1-30-61 ST	MIHKY	BRYANTOWN,	Md.
S. MISME		T 11 F	11/	REC'D BY REGISTRAR'S SIG	
5M 7/59		The HUNTTIMERALHOMS,	WALDERT, MD. DATE	JAN 31 '61   Chilm d. 7	

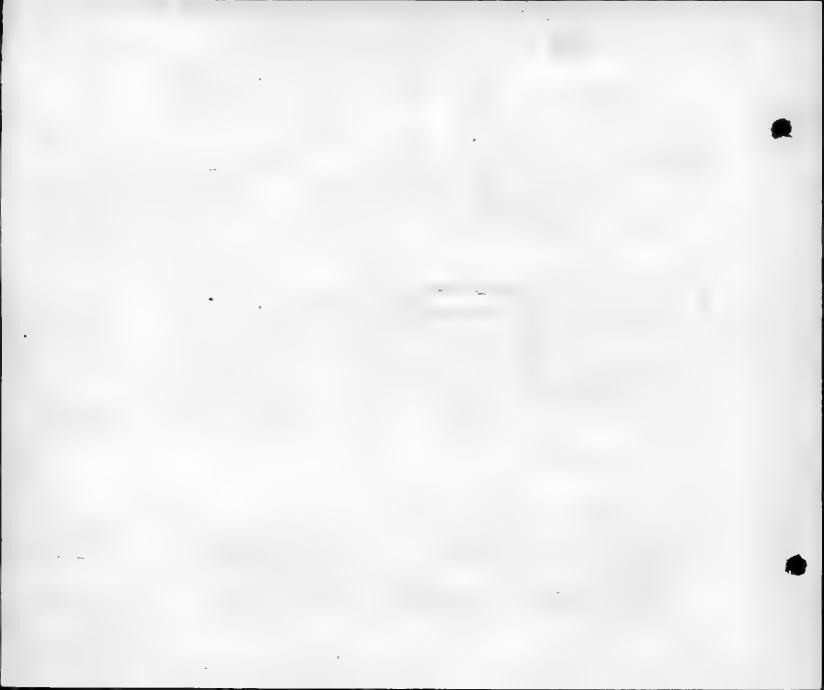
DEVALUE OF THE PARTY OF THE PERSON OF THE PE 10th I WYATO DON'T I DON'T THE THE PERSON OF THE PERSON O Consider the second The manufacture of the state of The same and the same

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTYCharles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Month Year 1961 Jan IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Janie Marshall, Waldorf, Maryland INTERVAL BETWEEN ONSET AND DEATH PART IL-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101/19 AVAS AUTOPSY PERFORMEDS YES NO (County) (State) "that I last saw the deceased 1.73 LM, from the causes and on the date stated above. ADDRESS Street, city or town, stote 22d. LOCATION (City, town, or county) (State) Waldorf, Maryland 24b. REGISTRAR'S SIGNATURE JAN 2 0 '61 Huntt Funeral Home, Waldorf, Md. Orthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



deoth.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 541 Reg. Dist. No. with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporale limits write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e e RURAL and give nearest town) by me. ALDORF PIATA d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? NEMORIAL YES NO NO puo .⊑ NAME OF 4. DATE OF Middle Month Day Year filled DEATH Pages 190 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH etely Months Days DIVORCED | WIDOWED M papers. compl 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) gud carbon HOUSEWORK after FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANI 16. SOCIAL SECURITY NO. Address attending 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) 2- 1100000 **DUE TO** Conditions if ony, which gned gave rise to immediate DUE TO cause (a), stating the under-Deen Si lying couse last. physician **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour g. m. While Not while ot work of work p. m. 19.55, to 1 \_, 1962,that I lost sow the deceased 21. I certify that I attended the deceased fram. and that death accurred at IDAM, from the causes and an the date stated above. TO FUNERAL DIRECTOR ADDRESS (Street, city or town, state) DATE SIGNED ۾ ACTUAL priar SIGNATURE page 3 should the registrar NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRARYS SIGNATURE **VS A1S (4)** 

DATEJAN 2 5 '61

certificate

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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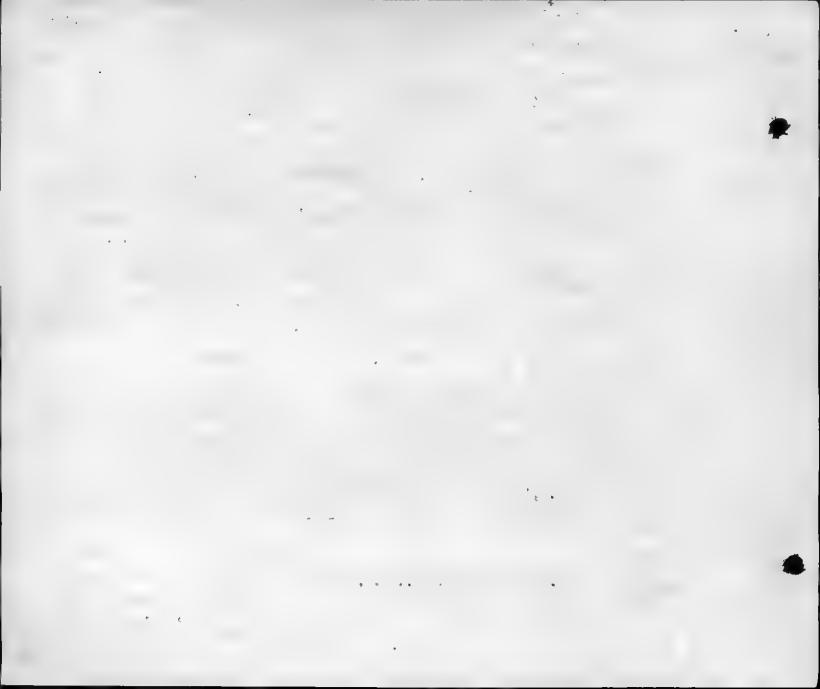
TO FUNERAL DIRECTOR:

death.



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence necessary, Carector, Page or your files. e. COUNTY a. STATE b. COUNTY CHARLES CHARLES MARYLAND b. CITY OR TOWN (If outside corporete limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporata limits, write RURAL end a ve neerest town) for your f write RURAL and give neerest lown) Nanjemoy Nan jemoy Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delete the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained it L DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Boated acent, prior to burial, cremation, or removal, and in any event within 72 hours after death. ON A FARM? YES NO X 3. NAME OF M.ddle 4. DATE Month Year DECEASED 1961 (Type or print) MARTHA TITIATE. DEATH 18 January 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Female White Sept. WIDOWED [ DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Housewife Own Home Towa FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph J. Otto Grace Repune WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yas give war or dates of service) Boyd M. Finall Sr., Nanjemoy, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Pulmonary emboli, multiple, acute ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Phlebothrombosis, both popliteal veins Conditions, if any, which (b) gave rise lo immadiala causa **DUE TO** (a), stating the underlying Fracture, left foot cause last. PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16) 19, WAS AUTOPSY PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat **D**, 4 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part | or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Auto accident MEDICAL 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, offica bldg., alc.) Not While ( Jan. 3. 61 at work at work Rte waldorf Chas. Ed. 21. I certify that I took charge of the remains described above, held an Autopsy 🛣, Inspection 1 Inquiry and in my opinion death resulted from: Accident X Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY W. Bradley King, Jr., M.D. 1/18/61 EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Clly, lown, or country) (State) REMOVAL (Specify) Nanjemoy Baptist Nanjemoy, Md. Burial ₽ 4 Ö ò ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME The Huntt Funeral Home, Waldorf, Md. Orthur S. Krous DATEJAN 2 5 '61 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEAT	Ή
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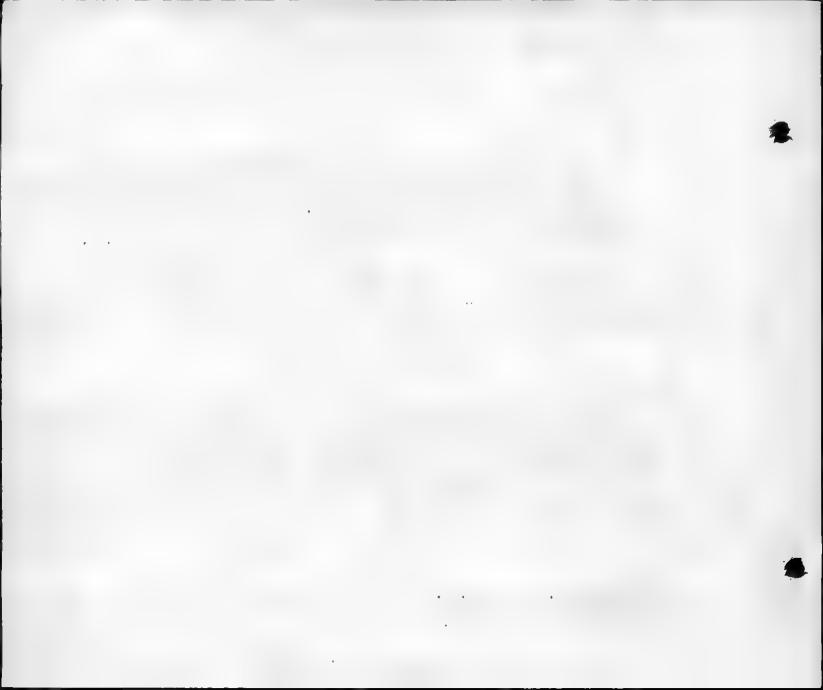
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	. PLACE OF DEATH				2. US	UAL RESIDENCE (W	Vhere decease			e befare ac	dmission)
1	d. COONT	harles		MARYLAND	°-	Mary	land	b. COUNTY	Charle	es	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					CITY OR TOWN (IF	autside carp	orate limits, write R			fown)
	Bel Al	1 7	1)	'	X	Bel_Alt	(R	ural )			
ı	d. NAME OF HOSPIT	AL (If not in haspital, g		oddress)	d	STREET ADDRESS	- III				RESIDENCE
	OR INSTITUTION				1						ON A FARM?
	. NAME OF	Fir	et	Middle	"	Lost	4. DATE	Man	al.	Day	Yeor
	(Type or print)			Jenkins		basa1	OF DEATH			n 1	
	. SEX	6. COLOR OR RACE	7. MAPO	RIED M NEVER MARRIED	B. DAT	E OF BIRTH		TRO TAI		YEAR IF L	19 61 INDER 24 HRS
	"ale	**	WIDOW		_		002	lost birthday)	Months D		ours Min
li		Negro		KIND OF BUSINESS OR INDU			893	67 yrs.	12 CITIZ	ZEN OF W	HAT COUNTRY
	during most of work	cing life, even if retired									IIAI COOITIKI
ŀ	3. FATHER'S NAME			Construction	314 1	IS TYTELL MOTHER'S MAIDEN				U.S.	
ľ		ands. Tambel on	_		1			4 ab al 1			
-	S. WAS DECEASED EVE	ank Jenkins		SOCIAL SECURITY NO. 17. I	NFORM	Georga	ura wr	CCI1011			
ľ		(If yes, give wor or dates of s	ervice]				0.1		-	اممد	
Į	nknown   213-16-2958   Katie Jenkins - Bel Alton , Maryland										
Т	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 5. DEATH WAS CAUSED BY:										AND DEATH
1	IMMEDIATE CAUSE (6) Myocardial infarction									Imnie	<u>ediate</u>
1	DUE TO										
1	Canditions, if o		<u>, H</u>	<u>ypersensive</u> he	art	disease				10 years	
1	gove rise to immediate code (o), stating the under-										
1	lying couse lost. (c)										
	PART II. OTH	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY FERFORMED?									
40	<u> </u>									YES	DON []
	OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)  CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)									
- 1											
	20c. TIME OF INJUR Hour o.m.	Y Manth, Day, Yea	or 20d. II While	NJURY OCCURRED 20e. PL Not white	ACE OF clory, st	' INJURY (Home, for reet, office bidg., el	m,   20f. (Cît lc.)	y or lawn)	(Co	ounty)	(Stote)
	p.m.	19		k ot wark							
1	21. I certify th	at I attended the	deceas	ed from Jan		19 48 to	Ja	n , 1961	"that I lo	ast saw t	the decease
1	alive an_ 19	Dec	, 12	_60_, and that death	accu	rred at 6 200	AM, fra	m the causes a	nd on the	e date s	tated above
		1		4 4				itreet, city or town,			DATE SIGNE
1	ACTUAL SIGNATURE	110000	2-0	lag MD	M.D	La Pl	Lata, N	ld.		14 3	Jan 1961
1	NAVE ICLA NUE										
L	PHYSICIAN'S NAME (Type)	rthur O. Wo	ooddy	- M. D.							
7	20. BURIAL, CREMATIO			22c. NAME OF CEMETERY O				TION (City, town, o			(Stole)
	REMOVAL (Specific)	1/17/19	961	St. Thomas	Cem	etery	Be	l Alton,	Maryl	land	
2	3. FUNERAL DIRECTOR	S SIGNATURE	LQ)	ADDRESS		24a. REC	D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGN	NATURE	
	Archart F	unanol Home	T	to Disk		163	JAN 1 9	'61	T1 P	the same	

funeral director, uld beritted with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a fune page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar prior to burial, crematian, or remaval, and in any meent within 72 hours, offer death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL VS ATS (4) 15M 9/SS



may be retained by the haspital ar attending physician.

TO IVERRAL MIRECTOR: After this certificate Mas been signed by the attending physician and campletely filted in by the function of page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and it within 72 hours after death. er death. Page 4 ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL O

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

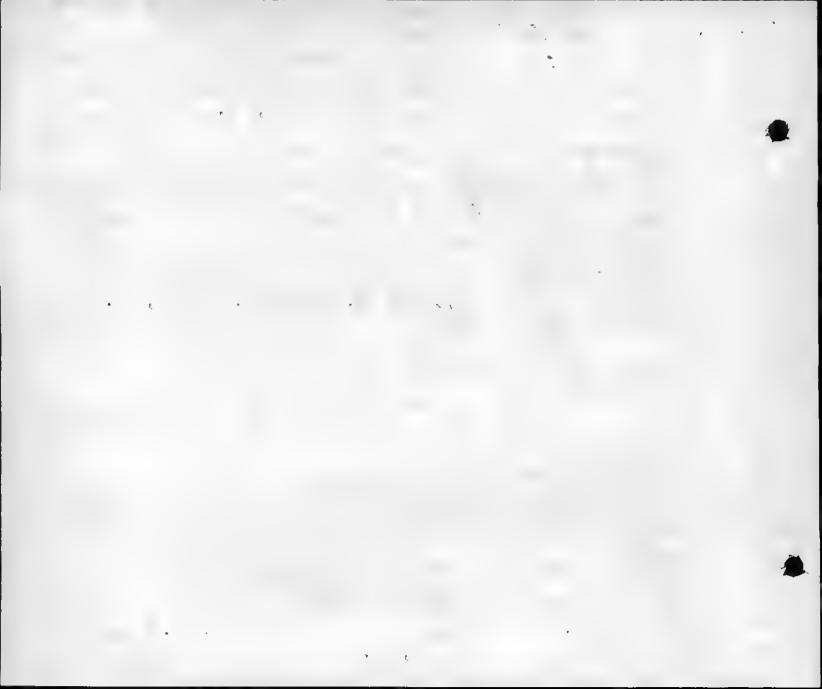
	545 CERTIFICATE OF DEATH	68543
Ī	1. PLACE OF DEATH O. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution on STATE / 1 D / 1 A / 2 D b. COUNTY	on Residence before admission)
-	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RL RVRAL and give nearest town)	JRAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  At City to Local  ME United Street ADDRESS	e. IS RESIDENCE ON A FARM? YES NO []
7	3. NAME OF DECEASED (Type or print) LC('&SC' ELALIVE MARSHALL DEATH LAN	15 Day Year 2 19 6 /
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Fernale Hegru WIDOWED DIVORCED 13. / C'NE, 1894 9. AGE (In years) 1051 birthdoy) 06 yrs	Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  OWN HOME  10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  OWN HOME  11. BIRTHPLACE (Stote or foreign country)  11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME POTOR SIELE NSOLY EMMA Brown	
1	15 WAS DECEASEDEVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  (Yes, no. of unknown) (If yes, give war or dates of service) 377-33-3777 J. Cittles Mail.	ecolony. Ild.
	1B. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Alysta clark an farefrom	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) 101 Cerebeni Breulen accident	18000
	gove rise to immediate couse (a), stating the under- lying couse lost  Col He Marthania Acoust de 286222.	Byluz.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
- 1	200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year Hour a.m.  p. m.  19  20d. INJURY OCCURRED While Not while of wark of war	(County) (State
	21 I certify that (I) (this haspital) attended the deceased fram 26 Nov. 1960, ta 200. to saw the deceased alive an 200. 1966, and that death accurred at 75 M, fram the causes an	, 1947, that (I) (we) last
	220. SIGNATUREA  M.D. ATTENDING MED STAFF PHYS.	2 Sanuary 146
	220 PHYSIC AN'S NAME (Type) ARTHUR O. WCLDDY MILL LA PLATA, MAKE	RYLANU
	230 BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, of Shiloh Methodist Newbo	or county) (State)
	The Hunty Europe Home Was none Md. automa in	STRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



# MARYLAND STATE DEPARTMENT OF HEALTH 5 Physion of Statistical Research and Records — Baltimore 1, Maryland CERTIFICATE OF DEATH

00546

	_											
		COUNTY	HAR	ÆZ	MAR	YLAND 2	USUAL RESIDENCE (WHO STATE		If institution:	Residence befo	re odmiss	ion)
)	l	RURAL and give r	(If outside carpara nearest tawn)	te limits, write	c. LENGTH OF STA	Y IN 1b	CITY OR TOWN (F o	utside corporate lin	nits, write RURA	L and give ne	prest fown	)
	4	d NAME OF HOSP	ITAL (If not in how	* .	et address)	Hosp	d STREET ADDRESS	rbum.				IDENCE FARM?
		1 1 1 2 1	Cof 411.	7010								110
		NAME OF DECEASED (Type or print)	Emm	First	J. Middl	P	os Ety	4. DATE OF DEATH	Janua		2 ( 1	Year 19 (Q)
	5	Female	Whole		ARRIED   NEVER MARK		ATE OF BIRTH 74			Onths Doys	Hours	Min
	10a	. USUAL OCCUPATI	ON (Give kind of	work done 10	E KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)		12. CITIZEN O	F WHAT C	OUNTRY?
		Hallst	ewift	remed)	At Home		Naniemov	. Maryla	and	U.S.A		
1	13.	FATHER'S NAME				14	. MOTHER'S MAIDEN N	IAME				
.)		Ric	hard Wri	ght			Sarah J.	Barker				
	15.	WAS DECEASED EV	ER IN U. S. ARME	D FORCES? 1	6. SOCIAL SECURITY N	0. 17. <b>INFOR</b>	MANT		Address			
	,	No	fit had dien not on o	area en parvicaj	No	Mrs.	Sadie Whee	ler- Dau	ehter- 1	Marbury	. M	d.
		1B. CAUSE OF DE	ATH [Enter anly	ane cause per	Juge for (a), (b), and (c					INT	ERVAL BE	
		PART I. DE	ATH WAS CAUSEI	D BY:	Garreral		bouton				AND	
		154		UE TO		1						_
		Canditions, if	^	(b)	lletate	he .	Peron.				mo	n/4.
		gave rise to couse (a), stating	immediate (	UE TO	0					,		_
		lying couse last		(c)	accere	·	cect			(4	Me	WALL.
	20	PART II. OT	THER SIGNIFICAN	T CONDITION	S CONTRIBUTING TO D	EATH BUT NOT	RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(a)	19. WAS	AUTOPSY RMED?
	CATI											NO W
	CERTIFICATION	20a ACCIDENT WOR CONTRIBUTING	AS UNDERLYING G CAUSE OF D Y MEDICAL EXAM	DEATH	ESCRIBE HOW INJURY	OCCURRED. (E	nter nature of injury in (	Part I or Port II of 1	tem 18.)			
	MEDICAL	20c. TIME OF INJU			. INJURY OCCURRED		OF INJURY (Home, form street, office bldg., etc		rn)	(County)		(State)
	MED	Hour a.m. p.m.		19 Whi	iie Not while vork ot work	Tuctory,	sires, office blug., etc	7				
		21   certify th	at (1) (this ho	spital) atte	nded the deceased	from	10-1-19	60 to 21	Jan	19.4/ 11	nat (II) (	wet last
		saw the deced		2/20	. [.]		h occurred at 15	1				
		220 SIGNATURA	*								22	DATE
			Morse	rad	J. MC	J M.D.	ATTENDING MA	ED STA RECTOR PHY	rs.			3131420
		PHYSICIAN'S NAME (Type)	APZTO	HUR	O. alool	DDY	ARWO	oo Chi	ire Le	4PLA	TA	ND.
	23a	BURIAL, CREMATI		HEREOF	23¢ NAME OF CE	METERY OR CR	EMATORY	23d LOCATION (	City, town, or c	ounty)	(Stot	e)
		REMOVAL (Specific Burial	1/24/	1961	Park Hil	1 Cemet	erv	Marbur	v Mar	vland		
		FUNERAL DIRECTO	R'S SIGNATURE	ed +-a '	ADDRESS	24	-	D BY REGISTRAR		ARS SIGNATU	RE	
	1	Archart F	uneral 4		nc La Pi	ata, M	d. DATE ER	1 '61	C and	1 S. Those	ů.	

er death. Page 4 may be retoined by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs  $ho^d$ TO HOSPITAL VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

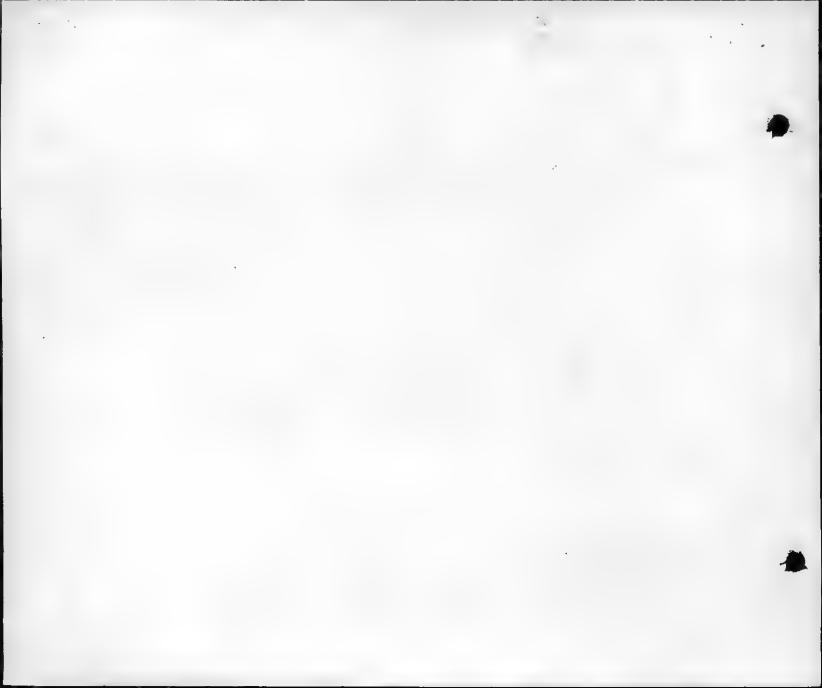
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4	ŕ	1,5	10		98

	JES CENT	III ICAIL O	L DEATH		00021		
	PLACE OF DEATH			ere deceased lived. If institution:	Residence before admission)		
	CHARLES M	ARYLAND a. ST	"MA-RY	LAND b. COUNTY	CHARLES		
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF S RURAL and give nearest town)	1 6 1	/ i	utside corporate limits, write RURA			
	LAVCATA 2 2das		ural.	- 1/15GA			
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR HISTITUTION OR HISTITUTION HORNEL HO	SPITAL 1 s	FREET ADDRESS		o Is residence on a farm? YES NO		
	NAME OF DECEASED RUB First I Min	PROC	TOTZ	4. DATE Month OF DEATH January	Day Year 196/		
5.	Male 11 egro widowed Divo	RCED   B. DATE C	March 1		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min		
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES during most of working life, even if refired)  Retived  U.S. Go		118.	LAND	12 CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAME		THER'S MAIDEN N	AME			
<b>V</b>	John Proctor		MARY	E. HARL	-6 Y		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY on or grandway.   If year, give wor or dates of service)	NO. 17, INFORMAN	IT	Address			
1	NO 220-16-4	577 SAR	AH PROCT	OR, PISCAH.	MD.		
	18. CAUSE OF DEATH [Enter only one cause per line-far (a), (b), and	(c) ]		7	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: KOSPINA	han Coll	cons.		ONSET AND DEATH		
	420 DUE TO						
	28hrs.						
	Conditions, if any, which gave rise to Immediate cause (o), stating the <u>under</u>	-					
	lying cause lost.						
Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
CATION					YES NO		
CERTIFIC	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED, (Enter I	nature of injury in P	ort I or Port II of item 18.)			
MEDICAL	20c TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not white at work at work at work		NJURY (Home, farm, et, affice bldg., etc.	20f (City or town)	(County) (State)		
	21 1 certify that (I) (this hospital) attended the decea	sed from 160	lan 19	61.10 /7 Jan	, 194c_(, that (1) (we) last		
			curred at 8		an the date stated above		
	22g. SIGNATURE	Sild fild dealif di	201100 010142.	THE COURT OF COURT	ZZb. DATE		
	OlGunodor	M.D PH	TENDING ME	D STAFF RECTOR PHYS	19 Jan 6 SIGNED		
	NAME (Type) ARTHUR O. WOOD	DY, Mb no	ADDRESS				
23		CEMETERY OR CREMA	TORY	23d LOCATION (City, town, ar o	county) (State)		
	BURIAL 1-21-61 5+	Catheri	NES	Mc Conchie	e Md.		
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25a. REC'I	SY REGISTRAR 256, REGISTR	AR'S SIGNATURE		
17	he Huntt Funeral Home, Wald	014 , M1	DATE J	N 25 '61 Che	lus S. Krace		
1				1			

may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fitted with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. er deoth. Poge 4 ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours  $\sigma^{tj}$ TO HOSPITAL

VR A15 (4) 1SM 9/59



MARYLAND

c. LENGTH OF STAY IN 16

PLACE OF DEATH

o. COUNTY

direct o papers. 5 ond corbon physician гетоме aftending please buriol-transit detached FUNERAL DIRECTOR: shauld m

d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS ORJINSTITUTION EMORIAL 4. DATE OF DEATH NAME OF Middle DECEASED (Type or print) B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED emale WIDOWED 1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) HOUSEWIF 13 FATHER'S NAME GODFRE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)-] PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse ast PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 4 or Part II of item 18.) 20c. TIME OF INJURY Month. 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Year foctory, street, office bldg , etc.) o. m. While Not while of work work p. m. 21 I certify that (1) (this hospital) attended the deceased from January, 199 saw the deceased alive an JANUARY and that death accurred at 22o. SIGNATURE ATTENDING MED.
DIRECTOR M.D. PHISICIAN S 22d ADDRESS MOVAL (Specify) 0 25a REC'D BY REGISTRAR VR A15 (4) 15M 9/59

550

b. CITY OR TOWN (If outside corporate limits, write

RURAL and asse negrest town)

2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a STATE b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDÊNCE ON A FARM? YES NO Yeor Month Day 1961 IF LINDER 1 YEAR # LINDER 24 HRS. 9. AGE (In years lost birthday) Months Days 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 😿 (County) (Stote) (2014-24-24-21, 1964 , that (I) (mg) last M. from the causes and an the date stated above SIGNED (State)



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY **b.** COUNTY CHARLES MARYLAND CHARLES MARYLAND b. C.TY OR TOWN (if outs da corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neeres) lown) write RURAL and give neerest town)
Rock Point Rock Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ages 1, 2, and 3 to the funeral 3. Page 5 may be retained from ges 1 and 2 with the State Bo thin 72 hours after death ON A FARMS (Rural Rural YES NOTA 3. NAME OF First 4. DATE M ddle Month DECEASED OF (Type or print) Phillis. DEATH SARGENT January 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Female WIDOWED DIVORCED November 15, 1961 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE [State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Infant Charles County . Md. in pencil in Item 18. Give Pages Office along with form PM3. Pa U.S.A. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 Franklin Sargent Ruth Edelen File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgive war or detes of service) s Office along with free burial-transit permit, emoval, and in any a Ruth Edelen - Rock Point , Maryland None 18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), end (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia. IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which (b) "pending" geve rise to immediate cause 60 Examiner's DUF TO (a), stating the underlying S cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8), 19, WAS AUTOPSY CERTIFICATION 9 PERFORMED? asse execute the certificate, writing the word ahould be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NODE 20s. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jem 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or fown) (County) (State) fectory, street, office bldg., etc.) While Not While at work at work prior Inspection X Inquiry and in my opinion EDICAL death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE January 26, 1961 DEPUTY MEDICAL EXAMINER DEPUTY William V. Lovitt, Jr., M.D. NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₹40 p Burial Holy Ghost Cemetery Issue Maryland 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR VS. A15ME Urthug S. Thous 5M 7/590 Archart Funeral Home , Inc. - La Plata , Md



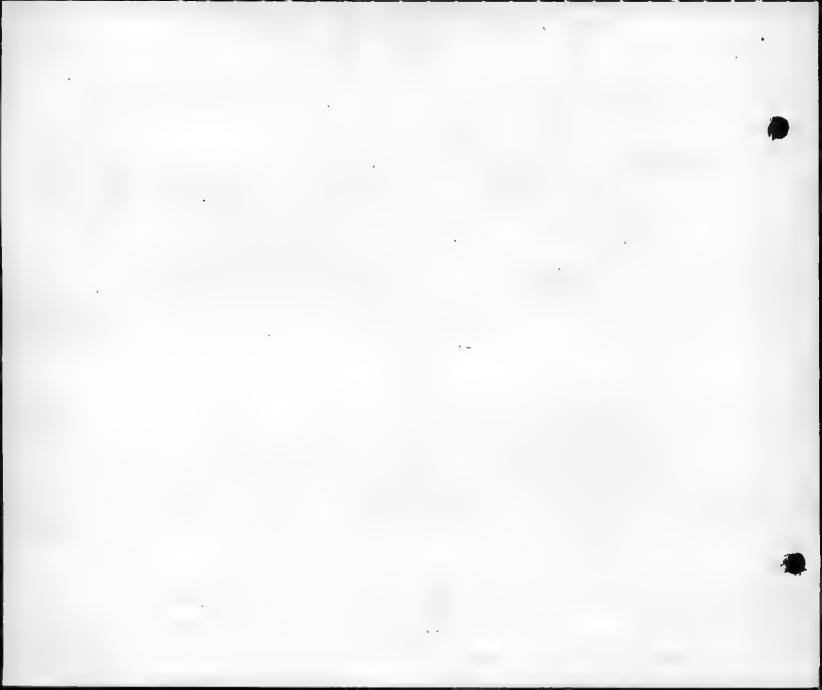
TO HOSPITAL

VR A15 (4) 15M 9/59

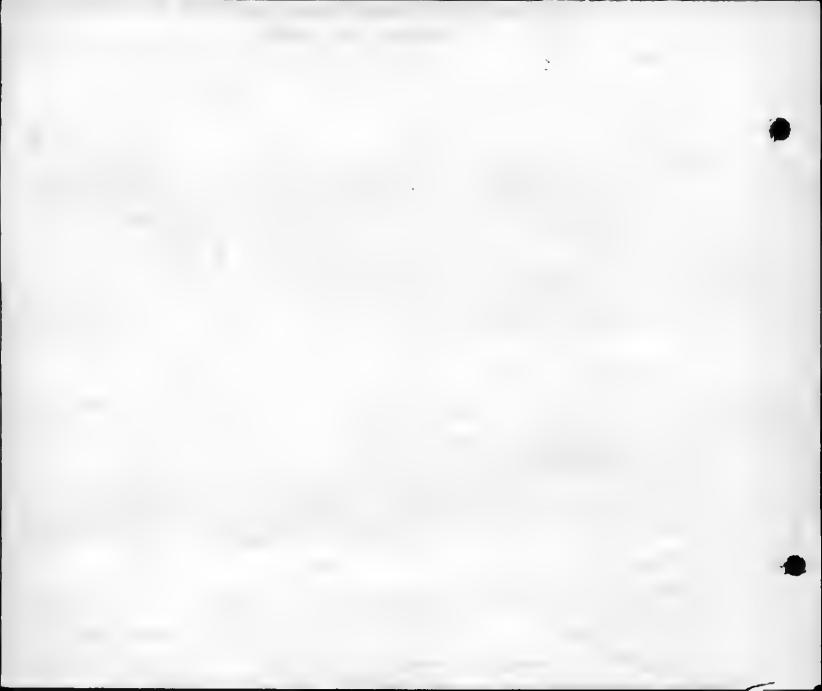
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

60550

L						
		COUNTY CHARLES	MARYLAND	2. USUAL RESIDENCE (When o. STATE Md.	e deceased lived. If institution: R b COUNTY	esidence befare admission)
	b	RURAL and give nearest town),	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write RURAL	and give nearest tawn)
, [	d	I. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3	- 0	PECEASED Type or print)  William	C Middle 5	COTI	OF DEATH JAN	2 3 19 6/
4	5. S	MALE White WIDOW	ED DIVORCED	DEC. 1, 187	lost birthday) Ma	NDER 1 YEAR IF UNDER 24 HRS.  niths Days Hours Min.
1	Oa.	USUAL OCCUPATION (Give kind of work done during host of working (fe, even if retired)	FARMING	UIRCIA  14 MOTHER'S MAIDEN NA	i A	CITIZEN OF WHAT COUNTRY?
	)	EDGA SCOTT		FANNI	E YEATMAN	/
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	4.4	es. Goldie	Scott Charlot	te Hall Md.
		18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (a)	ine far (a), (b), and (c).]	ussama		INTERVAL BETWEEN ONSET AND DEATH
		5 /X DUE TO				
		gove rise to immediate couse (a), stating the under-				
	CERTIFICATION	PAIT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	al disease condition given I	N PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO W
ز	L CERTIF	206. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	ort 1 ar Port II of Hem 18.)	
	MEDICAL	Haur a m. While	fact	CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f (City or tawn)	(County) (State)
		21 I certify that (1) (this hospital) attensaw the deceased alive an 1-20	P 1		N, fram the causes and o	16/ that (1) (we) last in the date stated above.
		220 SIGNATURE MALLINSO			STAFF ECTOR PHYS.	22b. DATE SIGNED
		22c PHYSICIAN'S FIM. JO	HNSON MI	22d. ADDRESS	PLATA MA	
		BURIAL CREMATION, 236. DATE THEREOF BURIAL (Specify) 1-25-6/	23c NAME OF CEMETERY OR		23d LOCATION (City, town, or co	MD.
:	7	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS WAL DOOR	25a. REC'D		R'S SIGNATURE

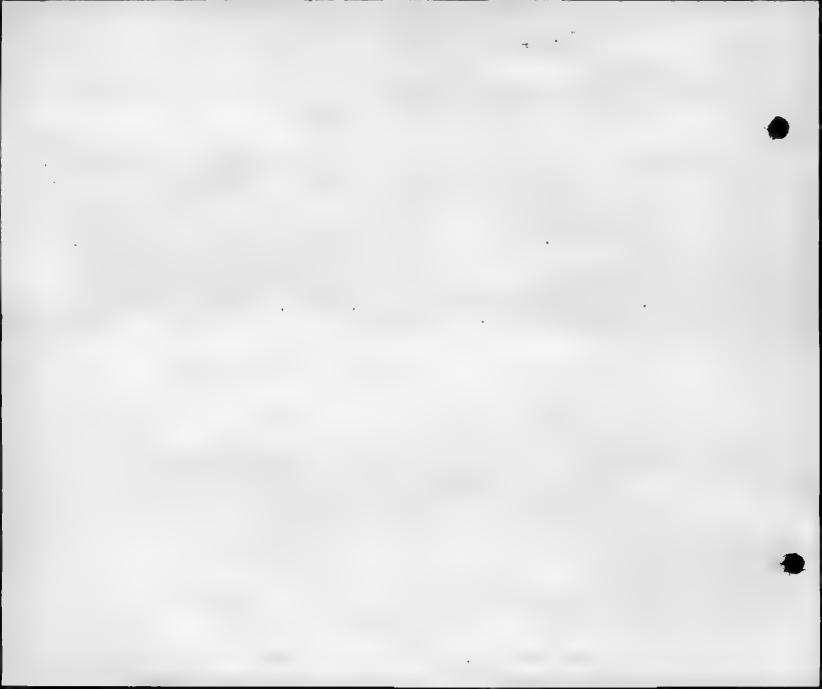


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution, Residence before edimission) e. COUNTY Pege Health, e. STATE b. COUNTY Charles files. MARYLAND Maryland Charles rector. b. CITY OR TOWN (if outside corporete lim ts. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporete I m ts, write RURAL and give nearest town) YOUR write RURAL and give neerest town) ö Pisgah Pisgah Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? be retained f th the State B YES NO X death. 3. NAME OF M ddle 4. DATE Month DECEASED to the OF (Type or print) DEATH <u>¥</u>: 5. 5FX 8. COLOR OR RACE AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED MARRIED may 2 age 5 may 1 and 2 wi 72 hours last birthday) Months Days Hours pue MIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of work ng life, even if retired) Ret. Construction Pennsvlvania U.S.A. 18. Give Pages pages 1 within form PM3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dewight Shaffer Iona Pepper E III event WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgive wer or deles of service) 1943-1945 Office along with burial-transit permi Mrs. Helen G. Shaffer- Pisgah , Maryland in pencil in Item 1 18. CAUSE OF DEATH [Enter only one cause per one for (e) ONOXIDE TOISON PART I, DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) DUE TO removal. NHALATION CAR FUMES "pending" gave rise to immediate cause Examiner's ro DUE TO (e), steting the underlying 65 ö couse last. pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01 19. WAS AUTOPSY CERTIFICATION PERFORMED? 28 ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO E 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | EDICAL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, ferm, ) fectory, street, office bldg., etc.) 2 While Not While et work at work Home Pisgah Charles <u>8</u> Inspection 21. I certify that I took Atarge of the remains described above, held an Autopsy Inquiry and in my opinion ā designated agent, death resulted from Vatural causes Accident Suicide July Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER examiner's NAME (Type) 220. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify)
Burial Arlington Natl. Cemetery Arlington . 40 6 Virginia à 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Funeral DAUAN 2 3 '61 Home

AND STATE DEPARTMENT OF HEALTH



VS A15 (4) 15M 9/5B

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

M

555	CERTIFICA	ATE OF DEATH		Reg. Dist. No.			
1. PLACE OF DEATH d. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (When a. STATE  Maryland	re deceased lived. If institution b COUNTY	in: Residence before admission) Charles			
b City OR TOWN (If autside corporate limits, write c. L RURAL and give pegret tawn)	ENGTH OF STAY IN 16	c. City or town (If au	side corporate limits, write Rt Point ( Nanj	JRAL and give nearest tawn) emoy Post Off.)			
d. NAME OF HOSPITAL (If not in hospital, give street address or NAST TUTION Physicans Memorial Hospital	rss}	d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO X			
3. NAME OF DECEASED (Type or print) CHARLES W11	Middle liam S	OLLIVAN	6. DATE Mont OF DEATH JA-/	b Doy Year 22 196/			
5. SEX  6. COLOR OR RACE  WIDOWED  WIDOWED	J	B. DATE OF BIRTH Feb. 14 , 1878	9. AGE (In years lost birthday) 82 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Unknown Ret	OF BUSINESS OR INDUS	Virginia	fareign cauntry)	12 CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Charles F. Sullivan		14. MOTHER'S MAIDEN NA  ( Unknown					
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCI	al security no. III Unicnown M	r. E. K. Sulli	7306 Py1	e Road			
1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	(a), (b), and (c).]	al infa	etion	INTERVAL BETWEEN ONSET AND DEATH			
Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	al disease condition givi	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
20a ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
ZOc TIME OF INJURY Manth, Day, Year 20d. INJURY Haur o. m. While at wark	Nat while fac	ACE OF INJURY (Hame, farm, story, street, office bldg., etc.)	20f. (City ar tawn)	(County) (State)			
21. I certify that I attended the deceased from 195 / 9, to 1-22 196 / that I last saw the deceased alive an 1-22 196 / , and that death accurred at 3/15/M, from the causes and an the date stated abave.  ACTUAL SIGNATURE PHYSICIAN'S PHYSICIAN'S NAME (Type)  F. M. Johnson , M.D.  La Plata Marvland							
Burial Cremation, 226. Date thereof 226 Burial 1/25/1961	NAME OF CEMETERY OF	r CREMATORY hurch Cemetery	ta , Maryland 2d LOCATION (City, town, of Ironsides BY REGISTRAR 24b. REGIS	Maryland			

DATE FEB 1

'61

Union S. France

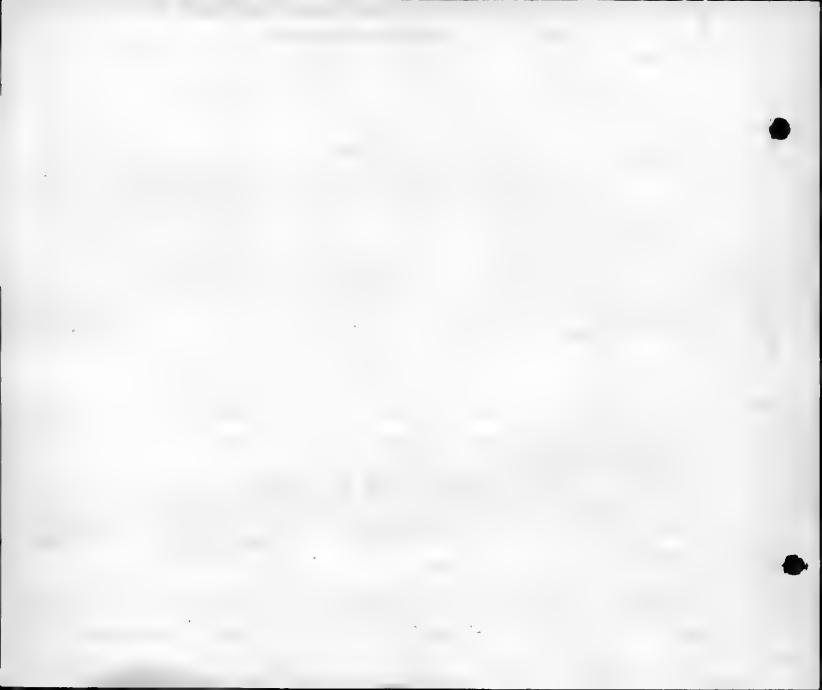
Inc.

La Plata

Archart Funeral Home



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	- · ·	556 CERTIFICATE OF DEATH  Reg. Dist. No. 6	3554
Poge 4 director, filed with		COUNTY  AS PLES  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before odm o. STATE  O. STATE  O. STATE  O. STATE  O. STATE	
E S B		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to RURAL and give nearest town)  CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to RURAL and give neare	wn)
2 shou	prof.	NAME OF HOSPITAL (If not in hospital, give street oddress)  d. STREET ADDRESS  e. 15 R  ON	RESIDENCE I A FARM?
24 hour lled in b		AME OF First Middle Last 4. DATE Month Day ppe or print)  Add C E La Tham han DEATH January 27	Year 19 6 /
within etely fi	(Ŧ)	6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   DIVORCED   Ort 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   ORT 1 5 1870   9 AGE (In years lost bythdoy)   WIDOWED   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)   ORT 1 5 1870   9 AGE (In years lost bythdoy)	IDER 24 HRS.
executed nd campl an papers death.		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired)  Thus such that	AT COUNTRY
be arber		ATHER'S NAME  - Struct DENT  14. MOTHER'S MAIDEN NAME  HOSTIL	
certificate to g physician to remave car 72 hours aft	(T)	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  TO. D. WINDOWN! (If yes, give wor or dates of service)  NO. D. W. D. W	d
the death ce he attending hen please re ent within 72		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  H 4 3 X  DUE TO  INTERVAL  ONSET AN  ONSET AN	BETWEEN ND DEATH
requires that ion. In signed by the sit permit. The name of the sit permit.		Conditions, if ony, which gove rise to immediate coese (a), stating the <u>under-lying couse lost.</u> (b)  DUE TO  (c)	
The lawing physicial has been purial-tran	0	A suite Responsibility of Link time (stingle) [ [ [ 1 ] VES [	S AUTOPSY FORMED?
attendir attificate as the E an, or r		OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
D PHYS ital or this co or use cremati		Hour o. m.  p. m.  19 While Not while of work of work	
TTENDING  The hasp  TOR: After  Jetached F  To burial,			
DIRECTOR Id be deta priar to b	- 1	SIGNATURE TIME GALLON MD. SIGNATURE AND	
OSPITAL r be retain INERAL DI e 3 shauld registrar pr	1	PHYSICIAN'S Frank A. Jusay M.D. India Head Eld	
TO HOSPITAL may be reta TO FUNERAL page 3 shau the registrar		REMOVAL (Specify) 1/30/6/ Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (SI	tote)
VS A1S (4)	P	TOHNS ON + TEN KINS FUNG HOME DATE AND 21 161	
15M 9/55		HOUNG ON + IEN MINS FUNCHAME DATE AND 31 161 CON 9 K	



## LAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RES FOR STATE CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution; Residence before admission) a. COUNTY Page a. STATE b. COUNTY Charles files. Maryland MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and g.va nearest town) rector. Your write RURAL and give nearest lown) Newburg Rural (Rural Newburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) STREET ADDRESS be retained State | death 3. NAME OF M. ddla DATE Month DECEASED OF and 3 to the ihe i (Typa or print) DEATH with 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED may | Nand 2 with last thirthday! Months WIDOWED K DIVORCED 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired? Charles County . Laboror Fa rm pages PMA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Swann Frank Thompson MEDICAL EXAMINER: This certificate should be executed within IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unkown) (If yas give war or detas of service) Examiner's Office along with a used as a burial-transit perm Henrietta Thomas - Newburg . 18. CAUSE OF DEATH Ifnier only one cause per live for la), (b), and (c). PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (e) removel, Conditions, fany, which pave rise to immediate ceuse DUE TO (e), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 8 should 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Part I of Itam 18.) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | sase execute the certificate, writing should be forwarded to the Chief a FUNERAL DIRECTOR: Page 3 s 20d. INJURY OCCURRED \_ 20e. PLACE OF INJURY (Home, ferm, : 20f. (Cily or town) 20c. TIME OF INJURY Month, Day, Yaer factory, street, office bldg., etc.) Not While 2 Whila at work et work 196/ prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY EXAMINER'S ess Street ATA Town, or court NAME (Type) 22d. Nogation (Blty, town, or country) 22a, BURIAL, CREMATION, 22 REMOVAL (Specify) Burial/ Methodist-Semetery Memburg 6 0 17 ā REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE A1MME Arehart Funeral Home - La Plata SM 7/59 Inc.

Charles

Day

a. IS RESIDENCE ON A FARM?

WAS AUTOPSY PERFORMED?

and in my opinion

DATE SIGNED

NO

YES X NO

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

(County)



Home

Funeral

00556

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES | NO

> > (State)

DATE SIGNED

(Stote)

Day

Days

U.S.A

(County)

ON A FARM?

YES NO-

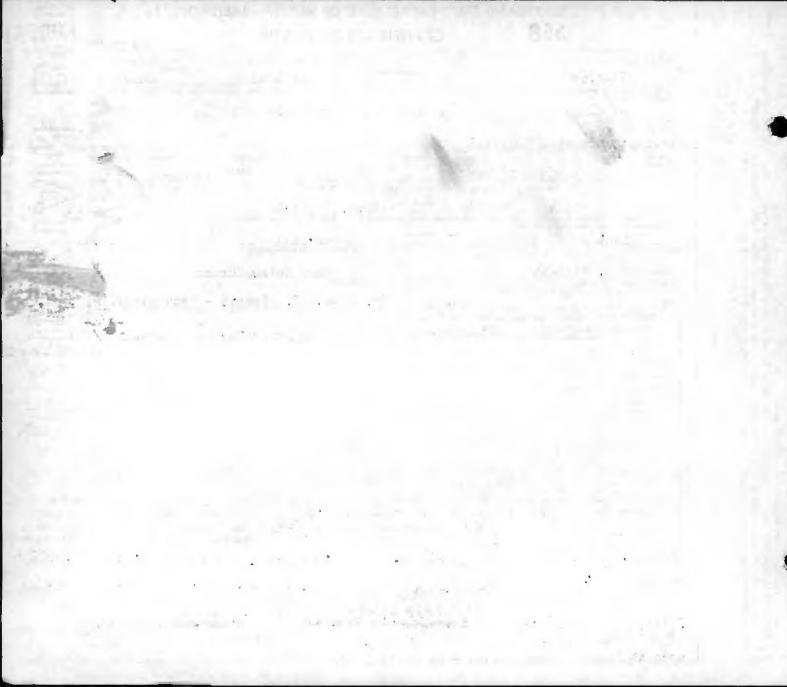
Yeor

19 61

Min.

30

VS A15 [4] 15M 9/58



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidenca before admission) a. COUNTY Page Health director. Paga. STATE b. COUNTY Charles Maryland MARYLAND Charles b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) ō La Plata Board Waldorf d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B Physicians Memorial Hospital YES NO Y death. 3. NAME OF Ses 1, 2, and 3 to the function of the functin of the function of the function of the function of the function Middle Day Last 4. DATE Month Year DECEASED OF (Type or print) CHRISTIAN DEATH Andrew WEAVER 19 61 8. Give Pages 1, 2, and 3 to form PM3. Page 5 may be Jamiary 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours Male WIDO WED I White DIVORCED April yrs, 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Government Engineer pages Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian A. Weaver
15. WAS DECEASED EVER IN U.S. ARMED FORCES? File event Elmira Kelleer 16. SOCIAL SECURITY NO. | 17. INFORMANT Address in Item 18. permit. (Yes, no, or unkown) | [[fyesgive war or dates of service] with MEDICAL EXAMINER: This certificate should be executed Weaver- Marietta , Pennsylvania No Un mown Mr. John K. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). office along w burial-trensit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carbon Monoxide Poisoning in pencil IMMEDIATE CAUSE (a) BUETE removal, 2nd and 3rd Degree Body Burns Conditions, if any, which [6] "pending" gave rise to immediate cause please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a or its designated egent, prior to burial, cremation, or ren DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Acute Alcoholism 1 NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Part I or Part II of ilem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Fire in Trailer 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, offica bldg., etc.) While Not While Waldorf Charles Md. at work Trailer at work Home 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT Charles S. Petty NAME (Type) Address (Streat, city, town, or county) 22a, BURJAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) Henry Eberly Cemetery 0 Removal-Burial Mt. Joy Pennsylvania 23. FUNERAL DIRECTOR 24a, REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS JAN 1 2 '61 VS. A15ME Cirtury J. Inc. \*La Plata . Md. 5M 7/59 Archart Funeral Home DATE

ATE DEPARTMENT OF HEALTH

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served. esteration - Lawyens Trobin The french letter of the buffer. SEVERY TO THE PARTY OF THE PART Brened Day the property of the contract of the Tatal ... Andered ... THE PERSON NAMED OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU Chicken and a New York A Jedan Frank and Francis Property